

Please review this information and fill out the appropriate forms and return them to the above address along with the application fee (check made payable to "Metropolitan Dade County") within 15 days of receipt. It is hoped that information provided is self explanatory, however if you need assistance , please do not hesitate to contact Mr. Kevin Cote, Coordinator of the Marine Facilities Operating Permit Program at 372-6575.

**APPLICATION FOR D.E.R.M.
MARINE FACILITIES OPERATING PERMIT**

FACILITY NAME:	CERTIFICATE OF USE & OCCUPANCY:
FACILITY LOCATION:	DATE FACILITY OPENED:
CONTACT PERSON:	DAYS OF WEEK IN OPERATION:
TELEPHONE NUMBER:	HOURS PER DAY:
MAILING NAME:	TOTAL NUMBER OF WET SLIPS:
MAILING ADDRESS:	TOTAL NUMBER OF DRY SLIPS:
TYPE OF FACILITY:	TOTAL NUMBER OF COMMERCIAL VESSELS:
PROPERTY FOLIO #:	TOTAL NUMBER OF RECREATIONAL VESSELS:
	TOTAL NUMBER OF LIVEABOARDS:
	MARINE FACILITIES OPERATING PERMIT #: MOP-_____ - _____
OCCUPATIONALLICENSE:	

Our records indicate that your facility requires an annual DERM Marine Facilities Operating Permit. Therefore, please confirm and fill out the remainder of the above application, the attached questionnaire and review the fee schedule. Within 30 days of receipt, return this application, the completed questionnaire and a check (payable to Metropolitan Dade County) in the amount indicated on the fee schedule, and mail to:

**ENVIRONMENTAL RESOURCE MANAGEMENT
MARINE FACILITIES OPERATING PERMIT PROGRAM
33 SW 2ND Avenue
MIAMI, FLORIDA 33130-1540**

The undersigned owner or authorized representative* of _____ is fully aware that the statements made in this application for an operating permit are true, correct, and complete to the best of the applicant's knowledge and belief.

* Please attach letter of authorization.

For DERM Use Only:

Date Received: ____/____/____

Approved By: _____

Signature, Owner of Authorized Representative
(Notarization is mandatory)

Print Name and Title

Sworn and subscribed before me this _____ day of _____ 19____.

Notary Public

MOP File #

**APPLICATION QUESTIONNAIRE
FOR DERM MARINE FACILITIES OPERATING PERMIT**

Date:

1. GENERAL INFORMATION

Name of Facility:

Location:

Type of Marine Facility:

Telephone No.:

Number of Wet Slips:

Number of Recreational Vessels:

Number of Power Vessels:

Owner or Authorized Person:

Business Address:

Telephone No.:

Certificate of Occupancy No.:

Occupational License No.:

Other Dade County Permit Nos.:

Days per Year in Operation:

Days per Week in Operation:

Hours per Day in Operation:

Number of Employees:

Seasonal Operation: From: To:

Emergency Contact Person:

Phone No.:

Number of Dry Slips:

Number of Commercial Vessels:

Number of Sailing Vessels:

**2. TYPE OF WASTE GENERATED
(CHECK ALL THAT APPLY):**

☐ Acids
☐ Waste Oil
☐ Waste Diesel
☐ Waste Gasoline
☐ Solvents
☐ Transmission Fluid
☐ Oily Bilge Water
☐ Chemicals
☐ Wastewater from Steam
☐ Cleaning Operations
☐ Lead Acids Batteries
☐ Pesticides
☐ Other (Please Specify)

**TYPE OF MATERIAL STORED
(CHECK ALL THAT APPLY)**

☐ Acids
☐ Oil
☐ Diesel Fuel
☐ Gasoline
☐ Transmission Fluid
☐ Solvents
☐ Pain Strippers
☐ Varnish
☐ Paints (Other)
☐ Bottom Paint
☐ Chemicals
☐ Resins
☐ Caustics
☐ Other (Please Specify)

Note: All Changes of Address, Ownership of Establishments, or Permanent Storage Capacity Require New Permits. Notify DERM within 10 Days.

3. METHOD AND LOCATION OF DISPOSAL

Specify Name and Address of Disposal Company Used for Each type of waste and frequency of pick up.

LIQUID WASTE (Oil, Solvents, Transmission Fluid, Washwaters, etc.)

Name:

Address:

Frequency:

Type:

SLUDGE WASTE (Still Bottoms, Treatment, Recirculation, or Separation System Sludges, etc.)

Name:

Address:

Frequency:

Type:

SOLID WASTE (Dry Chemicals, Empty Chemical Containers, Contaminated Rags, etc.)

Name:

Address:

Frequency:

Type:

OTHER WASTE

Name:

Address:

Frequency:

Type:

4. WATER SUPPLY

Name of Utility Company:

Number of Wells:

Volume Used Annually:

5. SEWAGE DISPOSAL

Number of sewage pumpouts

Number of sewage pumpouts operational

Is Facility Served by Septic Tank: _____ Yes _____ No

Is Facility Served by Sanitary Sewer: _____ Yes _____ No

6. INDUSTRIAL WASTEWATER (Other Than Sewage)

Method of Generation:

Method of Disposal:

Is Facility Served by Septic Tank? _____ Yes _____ No

Provide Copy of Most Recent Bill from Water & Sewer Company.

7. INDUSTRIAL WASTE (See Additional Sheets as Necessary, refer to question #2). Estimated Production Rate of Industrial Waste.

<i>Type of Waste</i>	<i>Storage, Treatment Containment, or Disposal Device</i>	<i>Dimension and Descriptive Data</i>	<i>Volume Stored/Month</i>

8. RAW MATERIALS STORAGE

<i>Name</i>	<i>Quantity</i>	<i>Type (Chemicals, etc.)</i>

9. STORAGE TANK

A. Aboveground Capacity: Type Product:

- B. Underground Capacity: Type Product:
- C. *Attach Material Safety Data Sheets for Quantities of Chemicals Over 5 Gallons.*
- D. *Sketch or Attach Photographs of Facility Showing Storage, Waste Generation and Disposal Area.*

10. HURRICANE EVACUATION INFORMATION

- A. Do you require boat owners to remove their vessels in the event of a hurricane?
 _____ Yes _____ No
- B. If yes, when do you require them to leave?
 _____ Hours _____ Days before
- C. Do you have sanctions against owners who do not remove their boats?
 _____ Yes _____ No
- D. During past hurricane warnings, approximately how many boats remained in your marina?
 _____ Boats
- E. If yes, is it made available to all boat owners in your marina?
 _____ Yes _____ No
- G. What percentage of the boats in your marina are owned by people who live outside Dade County? _____ %

Owner or Responsible Official

Title

Date

Signature

BOAT DOCKING AND BOAT STORAGE FACILITIES FEE SCHEDULE

Annual Fee

A. Wet Slips

- | | |
|---|--|
| 1. Recreational Facility | \$60 + \$5/slip up to max. of \$800 |
| 2. Commercial Facility | \$110 + \$5/slip up to max. of \$800 |
| 3. Recreational or commercial with repairs, maintenance, fueling or other industrial activity | \$200 + \$5/slip up to max. of \$1,000 |

B. Dry Storage

- | | |
|---|--|
| 1. Recreational Facility | \$60 + \$5/slip up to max. of \$700 |
| 2. Commercial Facility | \$110 + \$5/slip up to max. of \$700 |
| 3. Recreational or commercial with repairs, maintenance, fueling or other industrial activity | \$200 + \$5/slip up to max. of \$1,000 |